FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

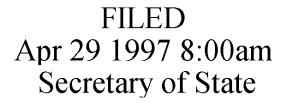
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 826589

(4)

RANFI PRODUCTS CORPORATION



Principal Place of Business 21 BANFI PLAZA CS 6039	Mailing Address 21 BANFI PLAZA CS 6039			
FARMINGDALE N Y 11735	FARMINGDALE N Y 11735		3. Date Incorporated or Qualified 3	Sa. Date of Last Report 04/26/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		13-4941010	Not Applicable
Surte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for inta	ingible tax under s. 199.032, es
24 25 9. Name and Address of Current		30	Florida Statutes Y	
MIL				
CT CORPORATION SYSTEM				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
PLANTATION 12 33324		83		
				10-11 71 0 1
		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
Signature typicd or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature requ	uired when reinstating)	DATE
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	☐ DELETE	1.1 TOTLE		☐ Change ☐ Addition
NAPOLEON, JL		1.2 NAME		
STREET ADDRESS 111 CEDAR SWAMP RD		1.3 STREET ADDRESS		
CITY-ST-ZIP OLD BROOKVILLE, NY 00000	Decemen	1.4 CITY-ST-ZIP		Change
TITLE P	☐ DELETE	2.1 TITLE		Change Addition
NAME MARIANI, HARRY		2.2 NAME		
STREET ADDRESS 111 CEDAR SWAMP RD		2.3 STREET ADDRESS		
CITY-ST-ZIF OLD BROODVILLE, NY 00000	DELETE	2. 4 CITY+ST-ZIP 3.1 TITLE		Change Addition
NAME GOETZ, THERESE		3.1 TILE 3.2 NAME		Fil pimilio Fil utinitoti
STREET ADDITESS 21 BANFI PLAZA		3.3 STREET ADDRESS		
CITY-ST-ZIP FARMINGDALE NY		3.4. CITY-ST-ZIP		
TILE C	DELETE	4.1 TITLE		Change Addition
NAME MARIANI, JOHN F JR		4. 2 NAME		
STREET ADDRESS 111 CEDAR SWAMP RD		4.3 STREET ADDRESS		
CITY-ST-ZIP OLD BROOKVILLE, NY 00000		4.4 CITY-ST-ZIP		
TITLE V	DELETE	5.1 TITLE		Change Addition
NAME SORRE, LUCIO		5.2 NAME		
STREET ADDRESS 111 CEDAR SWAMP RD		5.3 STREET ADDRESS		
CITY-ST-7IP OLD BROOKVILLE, NY 00000		5.4 CITY - ST - ZIP		
TILE V	DELETE	61 TITLE		Change Addition
NAME CALDERONE, PHILIP D		62 NAME		
STREET ADDRESS 1111 CEDAR SWAMP RD		63 STREET ADDRESS		
CITY-ST-ZIP OLD BROOKVILLE NY		6 4 CITY - ST - ZIP	ed in Section 110 07/2VII Florida Statutes I	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted — on all stachment with an address.

SIGNATURE

4/15/97

(516) 626-920

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